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APPLICANTS

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**** CONTINUING DATA *******

CM This application is a CON of 10/351,702 01/27/2003 ABN which claims benefit of 60/351,951 01/25/2002

**** FOREIGN APPLICATIONS *******

None / con

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>Carle Myers</i> Examiner's Signature Initials				

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TITLE

IL-1 gene cluster and associated inflammatory polymorphisms and haplotypes

FILING FEE RECEIVED 2006	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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